

STATE OF CALIFORNIA  
DEPARTMENT OF MANAGED HEALTH CARE  
HEALTH CARE SERVICE PLAN

1

**QUARTERLY FINANCIAL REPORTING FORM**

Submitted on 11/14/2003 3:27:05 PM

		1
1.	FOR THE QUARTER ENDING:	September 30, 2003
2.	Name:	<b>Contra Costa Health Plan</b>
3.	File Number:(Enter last three digits)                      933-0	<b>054</b>
4.	Date Incorporated or Organized:	1849
5.	Date Licensed as a HCSP:	November 1973
6.	Date Federally Qualified as a HCSP:	May 1982
7.	Date Commenced Operation:	November 1973
8.	Mailing Address:	595 Center Avenue, Suite 100, Martinez, Ca 94553
9.	Address of Main Administrative Office:	20 Allen Street, Martinez, Ca 94553
10.	Telephone Number:	(925) 313-6004
11.	HCSP's ID Number:	94-6000509
12.	Principal Location of Books and Records:	20 Allen Street, Martinez, Ca 94553
13.	Plan Contact Person and Phone Number:	Milton S. Camhi, (925) 313-6004
14.	Financial Reporting Contact Person and Phone Number:	Patrick Godley, (925) 370-5005
15.	President:*	Executive Dir., Milton S. Camhi
16.	Secretary:*	
17.	Chief Financial Officer:*	Patrick Godley
18.	Other Officers:*	
19.		
20.		
21.		
22.	Directors:*	John Gioia, County Supervisor, District I
23.		Gayle B. Uilkema, County Supervisor, District II
24.		Millie Greenberg, County Supervisor, District III
25.		Mark Desaulnier, County Supervisor, District IV
26.		Federal Glover, County Supervisor, District V
27.		
28.		
29.		
30.		
31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	Milton S. Camhi <i>Signature required (please type for valid signature)</i>
33. Secretary	<i>Signature required (please type for valid signature)</i>
34. Chief Financial Officer	Patrick Godley <i>Signature required (please type for valid signature)</i>
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. Check if this is a revised filing, and complete question 7 on page 2: <input type="checkbox"/>	
36. If all dollar amounts are reported in thousands (000), check here: <input type="checkbox"/>	

Check My Work

**STATE OF CALIFORNIA**  
**DEPARTMENT OF MANAGED HEALTH CARE**  
**HEALTH CARE SERVICE PLAN**  
  
**QUARTERLY FINANCIAL REPORTING FORM**  
  
**SUPPLEMENTAL INFORMATION**

		1
1.	Are footnote disclosures attached with this filing?	Yes <input type="button" value="▼"/>
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No <input type="button" value="▼"/>
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No <input type="button" value="▼"/>
4.	Have the Restricted Assets changed from the previous quarterly filing? If "yes", complete Schedule A-2 (Restricted Assets).	No <input type="button" value="▼"/>
5.	Are there any significant changes reported on Schedule G, Section III?	No <input type="button" value="▼"/>
6.	If "yes", describe:	
7.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

## REPORT #1 ---- PART A: ASSETS

1	2
<b>CURRENT ASSETS:</b>	Current Period
1. Cash and Cash Equivalents	31,943,344
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	1,818,663
7. Prepaid Expenses	
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	550,101
11. TOTAL CURRENT ASSETS (Items 1 to 10)	34,312,108
<b>OTHER ASSETS:</b>	
12. Restricted Assets	1,540,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	0
18. TOTAL OTHER ASSETS (Items 12 to 17)	1,540,000
<b>PROPERTY AND EQUIPMENT</b>	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	81,331
21. Computer Equipment - Net	
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	81,331
27. TOTAL ASSETS	35,933,439
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS</b>	
1001. Deposit with Others, PCN ( 0260 )	157,500
1002. Prepaid Ret - Normal ( 0253 )	392,601
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	550,101
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS</b>	
1701.	
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT</b>	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

## REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
<b>CURRENT LIABILITIES:</b>	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable		XXX	0
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	978,632	229,444	1,208,076
4. Incurred But Not Reported Claims	4,395,899	1,030,635	5,426,534
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	4,549,642	XXX	4,549,642
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	12,379,938	0	12,379,938
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	22,304,111	1,260,079	23,564,190
<b>OTHER LIABILITIES:</b>			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	3,074,983	XXX	3,074,983
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	3,074,983	XXX	3,074,983
19. TOTAL LIABILITIES	25,379,094	1,260,079	26,639,173
<b>NET WORTH</b>			
20. Common Stock	XXX	XXX	
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	
23. Contributed Capital	XXX	XXX	1,000,000
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	8,245,725
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	48,541
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	9,294,266
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	35,933,439
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES</b>			
1101. Cost Report and Other Settlement Reserves ( 0522 )	12,379,938		12,379,938
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	12,379,938	0	12,379,938
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES</b>			
1701. Medi-Cal Self Insurance Reserve ( 0523 )	2,753,053	XXX	2,753,053
1702. Employee Fringe Benefit Payable ( 0640 )	321,930	XXX	321,930
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	3,074,983	XXX	3,074,983
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS</b>			
2501. Net Income for the Quarter Ending 9/30/03	XXX	XXX	48,541
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	48,541

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
<b>REVENUES:</b>		
1. Premiums (Commercial)	10,228,678	10,228,678
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare	833,490	833,490
5. Title XIX - Medicaid	14,180,949	14,180,949
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	101,783	101,783
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	6,407,189	6,407,189
11. TOTAL REVENUE (Items 1 to 10)	31,752,089	31,752,089
<b>EXPENSES:</b>		
<b>Medical and Hospital</b>		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem	10,285,776	10,285,776
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated		
16. Primary Professional Services - Non-Capitated	10,349,273	10,349,273
17. Other Medical Professional Services - Capitated	1,843,873	1,843,873
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	2,146,854	2,146,854
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service	4,610,952	4,610,952
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	-171,415	-171,415
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	29,065,313	29,065,313
<b>Administration</b>		
25. Compensation	1,330,285	1,330,285
26. Interest Expense	227	227
27. Occupancy, Depreciation and Amortization	108,786	108,786
28. Management Fees		
29. Marketing	205,334	205,334
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	993,603	993,603
32. TOTAL ADMINISTRATION (Items 25 to 31)	2,638,235	2,638,235
33. TOTAL EXPENSES	31,703,548	31,703,548
34. INCOME (LOSS)	48,541	48,541
35. Extraordinary Item		
36. Provision for Taxes		
37. NET INCOME (LOSS)	48,541	48,541
<b>NET WORTH:</b>		
38. Net Worth Beginning of Period	5,458,061	5,458,061
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	48,541	48,541
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	3,787,664	3,787,664
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	9,294,266	9,294,266

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

## REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES</b>		
1001. Realignment Sales Tax Revenues (8313 + 8337 )	2,809,410	2,809,410
1002. County Subsidy ( 8382 )	512,248	512,248
1003. Grants & Donations (8220)	41,500	41,500
1004. Other Ext Hosp/Plan Revenues	118,908	118,908
1005. Other Revenue (8239)	57,166	57,166
1006. Tobacco Settlement (8330)	2,867,957	2,867,957
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	6,407,189	6,407,189
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES</b>		
2301. Transportation Svcs ( 2854-67 )	58,575	58,575
2302. Outpatient Mental Health (2809)	196,969	196,969
2303. CPSP - Perinatal (2858) & CHDP (2859)	308,876	308,876
2304. IBNR Expense Accrual (2827)	-574,522	-574,522
2305. Medi-cal Exp Reimbursement (2829)	-156,040	-156,040
2306. In Plan Other	-5,273	-5,273
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	-171,415	-171,415
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES</b>		
3101. Miscellaneous Services and Supplies	993,603	993,603
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	993,603	993,603
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS</b>		
4701. Vacation/Sick Leave Accrual	-46,244	-46,244
4702. Depreciation Expense - Equipment	-13,240	-13,240
4703. EF 2 - Capital	75,000	75,000
4704. Net Income for the Fiscal Year 2002-03	3,772,148	3,772,148
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	3,787,664	3,787,664
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS</b>		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

**REPORT #3: STATEMENT OF CASH FLOWS**

1	2	3
	Current Period	Year-to-Date
<b>CASH FLOW PROVIDED BY OPERATING ACTIVITIES</b>		
1. Group/Individual Premiums/Capitation	10,228,678	10,228,678
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums	833,490	833,490
4. Title XIX - Medicaid Premiums	14,180,949	14,180,949
5. Investment and Other Revenues	6,508,972	6,508,972
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-24,164,496	-24,164,496
8. Administration Expenses	-2,638,235	-2,638,235
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	4,949,358	4,949,358
<b>CASH FLOW PROVIDED BY INVESTING ACTIVITIES</b>		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	0
<b>CASH FLOW PROVIDED BY FINANCING ACTIVITIES:</b>		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	4,949,358	4,949,358
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE QUARTER	26,993,986	26,993,986
29. CASH AND CASH EQUIVALENTS AT THE END OF THE QUARTER	31,943,344	31,943,344
<b>RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:</b>		
30. Net Income	48,541	48,541
<b>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</b>		
31. Depreciation and Amortization		
32. Decrease (Increase) in Receivables	823,511	823,511
33. Decrease (Increase) in Prepaid Expenses	-364,927	-364,927
34. Decrease (Increase) in Affiliate Receivables	13,721,546	13,721,546
35. Increase (Decrease) in Accounts Payable	-268,596	-268,596
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	-2,298,088	-2,298,088
37. Increase (Decrease) in Unearned Premium	4,549,642	4,549,642
38. Aggregate Write-Ins for Adjustments to Net Income	-11,262,271	-11,262,271
39. TOTAL ADJUSTMENTS (Items 31 through 38)	4,900,817	4,900,817
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	4,949,358	4,949,358
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0	0
<b>DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME</b>		
3801. (Incr) Decr in Due to Other Funds - Year end (0540)	-11,024,892	-11,024,892
3802. (Incr) Decr in Due to Other Payables (0522 & 0523)	-237,379	-237,379
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-11,262,271	-11,262,271

This page is no longer in use.



This page is no longer in use.

**REPORT #4: ENROLLMENT AND UTILIZATION TABLE****TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	14,969		70	14,899	45,029	15,561	686	16,247	758	202	3.18
2. Medicare Risk	763	8	8	763	2,282	2,894	383	3,277	423	2224	4.50
3. Medi-Cal Risk	41,831	195		42,026	125,288	49,504	5	49,509	2,249	215	2.51
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	3,357	1,062	0	4,419	12,109	13,633	391	14,024	1,093	1083	3.40
7. Total Membership	60,920	1,265	78	62,107	184,708	81,592	1,465	83,057	4,523	294	2.92
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607. Basic Health Care	3,357	1,062		4,419	12,109	13,633	391	14,024	1,093	1,083	3.40
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699, 698) (Line 6 above)	3,357	1,062	0	4,419	12,109	13,633	391	14,024	1,093	1,083	3.40

\*\*

**SCHEDULE A-1 (CASH)**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		0
10. Cash on Hand (Petty Cash)		
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		0

**SCHEDULE A-2 RESTRICTED ASSETS**

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19. Total Restricted Assets		0

\* Indicate the Balance Per the HMO's Records

\*\*

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

**SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)**

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable. Group the total of all other premiums receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

\*\*

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

**SCHEDULE D**  
**HEALTH CARE RECEIVABLES &**  
**AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES**

Individually list all debtors with account balances greater than 10% of gross Receivables. Group the total of all other receivables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed."

	1 Name of Debtor	2 1-30 Days	3 31-60 Days	4 61-90 Days	5 Over 90 Days	6 Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.						0
25.						0
26.						0
27.						0
28.						0
29.						0
30.						0
31.						0
32.						0
33.						0
34.						0
35.						0
36.						0
37.						0
38.						0
39.						0
40.						0
41.						0
42.						0
43.						0
44.						0
45.						0
46.						0
47.						0
48.						0
49.						0
50.						0
51.						0
52.						0
53.						0
54.	Aggregate Accounts Not Individually Listed					0
55.	Total	0	0	0	0	0

\*\*

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**SCHEDULE F - ACCOUNTS PAYABLE**

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter the total on the line titled, "Aggregate Accounts Not Individually Listed - Due." Report accounts payable from the initial date of billing or due date under contract.

1	2	3	4	5	6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
1.						0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.	Aggregate Accounts Not Individually Listed - Due					0
24.	Total	0	0	0	0	0

\*\*

**SCHEDULE G - UNPAID CLAIMS ANALYSIS**  
**SECTION I - CLAIMS UNPAID**

	1	2	3
Type of Claim	Reported Claims in Process of Adjustment	Estimated Incurred but Unreported	Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims	499,679	2,244,497	2,744,176
2. Physician Claims	33,371	149,899	183,270
3. Referral Claims			0
4. Other Medical	675,026	3,032,138	3,707,164
5. TOTAL	1,208,076	5,426,534	6,634,610

**SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)**

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims					0	
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	0	0	0	0	0	0

**SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED\***

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11.						
12. October 2002	11,952	4,673	8,348			8,277
13. November 2002	12,346	8,071	12,838			7,579
14. December 2002	10,465	3,299	7,009			6,755
15. January 2003	11,384	10,339	11,796			9,927
16. February 2003	5,938	13,993	14,979			4,952
17. March 2003	3,474	6,849	8,800			1,523
18. April 2003	10,161	9,586	11,772			7,975
19. May 2003	8,812	8,066	10,681			6,197
20. June 2003	9,940	8,160	10,990			7,110
21. July 2003	9,679	9,069	12,702			6,046
22. August 2003	7,454	11,296	12,764			5,986
23. September 2003	4,678	6,939	9,321			2,296

\* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

\*\*

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**SCHEDULE H - AGING OF ALL CLAIMS**

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
1.	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
2.	October 2002	8,160	117			8,277
3.	November 2002	7,390	189			7,579
4.	December 2002	4,817	1,938			6,755
5.	January 2003	9,911	16			9,927
6.	February 2003	4,951	1			4,952
7.	March 2003	1,521	2			1,523
8.	April 2003	7,970	5			7,975
9.	May 2003	6,151	46			6,197
10.	June 2003	7,110				7,110
11.	July 2003	6,042	4			6,046
12.	August 2003	5,841	145			5,986
13.	September 2003	2,268	28			2,296

\*\*



**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID**

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag
1. September 2003	6,634,610	XXX	6,634,610	6,634,610
2. June 2003	8,932,702	5,297,139	3,635,563	8,932,702
3. March 2003	8,250,975		8,250,975	8,250,975
4. December 2002	8,055,085		8,055,085	8,055,085
5. September 2002	6,926,664		6,926,664	6,926,664
6. June 2002	8,553,792	8,288,817	264,975	8,553,792
7. March 2002	9,066,011		9,066,011	9,066,011
8. December 2001	7,593,469		7,593,469	7,593,469

\* Should tie to Report #1, Part B, Columns 1 & 2, Lines 3 through 7.

\*\*

1	
NOTES TO FINANCIAL STATEMENTS	
1.	<b>1. Health care expenses from the County Hospital and Clinics are reported at cost which is currently</b>
2.	
3.	
4.	
5.	
6.	<b>2. Other than the receivables from our parent, Contra Costa County, there are no receivables nor notes</b>
7.	
8.	
9.	<b>3. Computation of Cash and Cash equivalents.</b>
10.	
11.	<b>Cash and equivalents include cash in the bank and cash on hand, restricted assets for compliance with</b>
12.	
13.	<b>section 1377 and the net amount of funds in the " Due from Other Funds " and " Due to Other Funds ".</b>
14.	
15.	<b>" Due from Other Funds " and " Due to Other Funds " accounts represent cash transactions within the</b> <b>various County Funds after the close on the last business day of the reporting quarter.</b>
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
51.	
52.	
53.	
54.	
55.	
56.	
57.	
58.	
59.	

1	
OVERFLOW PAGE FOR WRITE-INS	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	
41.	
42.	
43.	
44.	
45.	
46.	
47.	
48.	
49.	
50.	
51.	
52.	
53.	
54.	
55.	
56.	
57.	
58.	
59.	

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

**KNOX-KEENE**  
**SUPPLEMENTAL INFORMATION**  
**PURSUANT TO SECTIONS 1300.84.06, 1300.84.2 AND 1374.68**

	1	2	3	4	5
A.	Explanation of the method of calculating the provision for incurred and unreported claims:				
1.					
B.	Accounts and Notes Receivable from officers, directors, owners or affiliates, as detailed below:				
	Name of Debtor	Nature of Relationship	Nature of Receivable	Amount	Terms
2.	NONE				
3.					
4.					
5.					
6.					
C.	Donated materials or services received by the reporting entity for the period of the financial statements, as detailed below:				
	Donor's Name	Affiliation with Reporting Entity	Valuation Method	Amount	
7.	NONE				
8.					
9.					
10.					
11.					
D.	Forgiven debt or obligations, as detailed below:				
	Creditor's Name	Affiliation with Reporting Entity	Summary of How Obligation Arose	Amount	
12.	NONE				
13.					
14.					
15.					
E.	Calculation of Tangible Net Equity (TNE) and Required TNE in accordance with Section 1300.76 of the Rules:				
16.	Net Equity			\$	9,294,266
17.	Add: Subordinated Debt			\$	
18.	Less: Receivables from officers, directors, and affiliates			\$	
19.	Intangibles			\$	
20.	Tangible Net Equity (TNE)			\$	9,294,266
21.	Required Tangible Net Equity (See Page 22)			\$	5,629,352
22.	TNE Excess (Deficiency)			\$	3,664,914
F.	Percentage of administrative costs to revenue obtained from subscribers and enrollees:				
23.	Revenue from subscribers and enrollees			\$	25,243,116
24.	Administrative Costs			\$	2,638,235
25.	Percentage				10
26.	The amount of health care expenses incurred during the six month period immediately preceding the date of the report which were or will be paid to noncontracting providers or directly reimbursed to subscribers and enrollees:			\$	6,177,107
27.	Total costs for health care services for the immediately preceding six months:			\$	61,190,775
28.	Percentage				10

		1
<p>G. If the amount of health care expenses incurred during the six month period immediately preceding the date of the report which <u>were or will be</u> paid to noncontracting providers or directly reimbursed to subscribers and enrollees exceeds 10% of the total costs for health care services for the immediately preceding six months, the following information, determined as of the date of the reports, shall be provided:</p>		
29. Amount of all claims for noncontracting provider services received for reimbursement but not yet processed:	\$	6,177,107
30. Amount of all claims for noncontracting provider services denied for reimbursement during the previous 45 days:	\$	
31. Amount of all claims for noncontracting provider services approved for reimbursement but not yet paid:	\$	1,208,076
32. An estimate of the amount of claims for noncontracting provider services incurred, but not reported:	\$	5,426,534
33. Compliance with Section 1377(a) as determined in accordance with such section, as follows:		
34. Cash & cash equivalents maintained	\$	31,943,344
35. Noncontracting provider claims (aggregate of total of items 29 - 32 above)	\$	12,811,717
36. Cash & cash equivalents reported to be maintained (120% x Line 35)	\$	15,374,060
37. Deposit required (100% of Line 36)	\$	15,374,060
38. Excess (deficient) reserves (Line 34 - Line 37)	\$	16,569,284
Percentage of premium revenue earned from point-of-service plan contracts:		
39. Premium revenue earned from point-of-service plan contracts	\$	
40. Total premium revenue earned	\$	
41. Percentage		0
Percentage of total health care expenditures incurred for enrollees for out-of-network services for point-of-service enrollees:		
42. Health care expenditures for out-of-network services for point-of-service enrollees	\$	
43. Total health care expenditures	\$	
44. Percentage		0
45. Point-of-Service Enrollment at end of period		
Total Ambulatory encounters for period for point-of-service enrollees:		
46. Physician		
47. Non-Physician		
48. Total		0
49. Total Patient Days Incurred for Point-of-Service enrollees		
50. Annualized Hospital Days/1000 for Point-of-Service enrollees		
51. Average Length of Stay for Point of Service enrollees		
52. Compliance with Section 1374.68(a) as follows:		
53. Current Monthly Claims Payable for out-of-network coverage or services provided under Point-of-Service Contracts:	\$	
54. Current monthly incurred but not reported claims balance for out-of-network coverage or services provided under Point-of-Service contracts	\$	
55. Total	\$	0
56. Total times 120%	\$	0
57. Deposit (Greater of Line 56 or minimum of \$200,000)	\$	

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**REQUIRED TANGIBLE NET EQUITY (TNE) CALCULATION:**

TNE required must be equal to the GREATER of "A" "B" or "C" below (See Rule 1300.76)

		Full Service Plans	Specialized Plans
		1	2
<b>A.</b>	Minimum TNE Requirement	\$ 1,000,000	\$ 50,000
<b>B.</b>	REVENUES:		
1.	2% of the first \$150 million of annualized premium revenues	\$ 2,019,449	\$
	Plus		Plus
2.	1% of annualized premium revenues in excess of \$150 million	\$	\$
3.	Total	\$ 2,019,449	\$ 0
<b>C.</b>	HEALTHCARE EXPENDITURES:		
4.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 2,547,842	\$
	Plus		Plus
5.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	\$
	Plus		Plus
6.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 3,081,510	\$
7.	Total	\$ 5,629,352	\$ 0
8.	Required "TNE" - Greater of "A" "B" or "C"	\$ 5,629,352	\$

**KNOX -KEENE  
SUPPLEMENTAL INFORMATION  
PURSUANT TO SECTIONS 1374.64**

**POINT OF SERVICE TANGIBLE NET EQUITY CALCULATION**

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1	
1. Net Equity	\$	9,294,266
2. Add: Subordinated Debt	\$	
3. Less: Receivables from officers, directors, and affiliates	\$	
4. Intangibles	\$	
5. Tangible Net Equity (TNE)	\$	9,294,266
6. Required Tangible Net Equity (From Line 10 or 13 below)	\$	
7. TNE Excess (Deficiency)	\$	9,294,266
<b>ADJUSTED MINIMUM TANGIBLE NET EQUITY CALCULATION</b> <b>(Complete Section I or II):</b>		
<b>I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):</b>		
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$	
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$	
10. Add lines 8 and 9	\$	0
<b>II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):</b> <b><u>PART A</u></b>		
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 24)	\$	
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$	
13. Add lines 11 and 12	\$	0
<b>III. MINIMUM TNE REQUIREMENT TO DETERMINE MONTHLY REPORTING</b>		
14. Line 5 (above)	\$	9,294,266
15. Multiply Line 6 (above) by 130%	\$	0
16. Difference (Line 14 - Line 15)	\$	9,294,266
<b>If Line 14 is less than Line 15, then monthly reporting is required</b>		

## STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan

## WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>



**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**



**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**

**STATEMENT AS OF 9-30-2003 OF 933-0054 Contra Costa Health Plan**